



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION 6 SITE NUMBER OK03786

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW, Washington, DC 20460.

I. SITE IDENTIFICATION

OK070040589

A. SITE NAME Tulsa Recon <u>T.R.I. CONTAINER</u>		B. STREET (or other identifier) 17,400 E. Young	
C. CITY Catoosa	D. STATE OK	E. ZIP CODE 74105	F. COUNTY NAME Tulsa
G. OWNER/OPERATOR (if known) 1. NAME Judson Webb		2. TELEPHONE NUMBER (918) 234-5100	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

I. SITE DESCRIPTION

Drum Reconditioner

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Complaint from public	K. DATE IDENTIFIED (mo., day, & yr.) 7/29/81
L. PRINCIPAL STATE CONTACT 1. NAME R. Fenton Road	2. TELEPHONE NUMBER (405) 271-5338

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR August, 1985 b. WILL BE PERFORMED BY Scott Thompson <input type="checkbox"/> 3. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME Jimmy Echelle	2. TELEPHONE NUMBER (405) 271-5338	3. DATE (mo., day, & yr.) 5/20/85
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III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify) (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.) SUPERFUND FILE	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code) 3412 REORGANIZED	
C. AREA OF SITE (in acres) 5	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 360 11' 10" 2. LONGITUDE (deg.-min.-sec.) 950 47' 15"
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify)	

date 4/2/82

204869

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP	X	2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM / PHYS. TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify)		6. OTHER (specify)		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify)
					9. OTHER (specify)		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

(3) unlined surface impoundments receive caustic rinse water, acid water, and oily residues from the drum reconditioning plant.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1 UNKNOWN ☒ 2. LIQUID ☐ 3 SOLID ☒ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1 UNKNOWN ☒ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5 HIGHLY VOLATILE
☒ 6 TOXIC ☐ 7 REACTIVE ☐ 8. INERT ☒ 9. FLAMMABLE

☐ 10. OTHER (specify)

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Unknown

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
Unknown		Unknown		None		Unknown		None		None	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
X	(1) PAINT, PIGMENTS	X	(1) OILY WASTES	X	(1) HALOGENATED SOLVENTS	X	(1) ACIDS	X	(1) FLYASH	X	(1) LABORATORY PHARMACEUT.
X	(2) METALS SLUDGES		(2) OTHER (specify)		(2) NON-HALOGENATED SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL
	(3) POTW				(3) OTHER (specify)		(3) CAUSTICS		(3) MILLING/ MINE TAILINGS		(3) RADIOACTIVE
	(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMLTG. WASTES		(4) MUNICIPAL
	(5) OTHER (specify)						(5) DYES/INKS		(5) NON-FERROUS SMLTG. WASTES		(5) OTHER (specify)
							(6) CYANIDE		(6) OTHER (specify)		
							(7) PHENOLS				
							(8) HALOGENS				
							(9) PCB				
							(10) METALS				
							(11) OTHER (specify)				

V. WASTE RELATED INFORMATION (continued)

3 LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard)

Lead
Acid
Caustic

4 ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

Lagoons are unlined, soil is sandy clay with broken sandrock, water table is seasonally high. No signs identifying pits and pits are not fenced.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			Groundwater is close to soil surface.
8. CONTAMINATION OF SURFACE WATER	X			Runoff contamination
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY	X			No fence or signs identifying pits.
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify)				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1 NPDES PERMIT ☐ 2 SPCC PLAN ☐ 3. STATE PERMIT (specify) Unknown
☐ 4 AIR PERMITS ☐ 5 LOCAL PERMIT ☐ 6 RCRA TRANSPORTER
☐ 7 RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify) _____

B. IN COMPLIANCE?

- ☐ 1 YES ☐ 2. NO ☒ 3 UNKNOWN

4 WITH RESPECT TO (list regulation name & number) _____

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1 TYPE OF ACTIVITY	2 DATE OF PAST ACTION (mo., day, & yr.)	3 PERFORMED BY (EPA/State)	4 DESCRIPTION
Site inspection	7/16/80	State	Potential hazardous waste site inspection

X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2 DATE OF PAST ACTION (mo., day, & yr.)	3 PERFORMED BY (EPA/State)	4 DESCRIPTION
Correspondence	9/17/79	State	Submitted plans for disposal
Disposal Plan	4/7/80	State	Approved

NOTE. Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.